Federal Financial Report

(Follow form Instructions)

	Agency and O		g Number Assigned by Federal ise FFR Attachment)									
Federal Aviation Adminstration 26805 East 68th Avenue, Suite 224 Denver, CO 80249-6361							_					
3. Recipient Organization (Name and complete address including Zip code)												
Recipient Organization Name: Town of Saratoga, Wyoming												
Street1:	Street1: P.O. Box 486											
Street2:												
City:	Saratoga County: Carbon											
State:	WY: Wyoming	ſ		Province:								
Country:	USA: UNITED	STATES	82331-	0486								
4a. UEI 4b. EIN 5. Recipier				5. Recipient	ient Account Number or Identifying Number							
EKLNJSBI	INSH3	(To report multiple grants, use FFR Attac						nent)				
·						1						
6. Report Type		7. Basis of Accounting	7. Basis of Accounting 8. Project/Grant Period			9. Reporting	Period E	od End Date				
Quarterly		Cash	From:	To:	09/30/20		0/2022	122				
Semi-Annual		Accrual	01/05/2022	01/05/2	027							
Annual Final												
10. Trans a	actions							Cumulative				
		or multiple grant reporting)										
-	-	rt multiple grants, also use	FFR attachment)	:								
a. Cash F								0.00				
b. Cash I	Disbursements							0.00				
c. Cash c	on Hand (line a	minus b)						0.00				
(Use line	s d-o for single	grant reporting)										
Federal Expenditures and Unobligated Balance:												
d. Total F	ederal funds au		32,000.00									
e. Federa	al share of expe	nditures						0.00				
f. Federa	l share of unliqu	uidated obligations						0.00				
g. Total F	ederal share (s		0.00									
h. Unobli	gated balance o		32,000.00									
Recipient Share:												
i. Total re	ecipient share re		0.00									
j. Recipie	ent share of exp		0.00									
k. Remai	ning recipient sl		0.00									
Program Income:												
I. Total F	ederal program		0.00									
m. Progra	am Income exp		0.00									
n. Progra	im Income expe	ended in accordance with the	addition alternativ	e				0.00				
o. Unexp	ended program		0.00									

11. Indirect Expense												
а. Туре	b. Rate	c. Period From	Period To	d. Ba	°0	e. Amount Charged	f. Federal Share					
			g. Totals:									
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:												
Add Attachment Delete Attachment View Attachment												
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I												
am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or												
administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).												
a. Name and Title of Authorized Certifying Official												
Prefix: Mr. Fi	reed		Middle Name:									
Last Name: James												
Title: Mayor							>					
b. Signature of Authorized Certifyin	g Official		─l ┌──── <u>─</u>	c. Telephone (Area code, number and extension)								
			507-52	507 520 0000								
d. Email Address			e. Date	Report Submitted	14. Agency use	e only:						
creedjames440gmail.com												

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